FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR I IMITED OFFEDING EXEMPTIO

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	OMB APPE	ROVAL /
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SEC USE ONLY							
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UNITORM DIMITED OFFERING EXEMI	TION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Class D Units	
	ULOE A
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Advanced Metering Data Systems, L.L.C.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 2020 Lakeshore Drive, Suite 414, New Orleans, LA 70124	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Development and implementation of wireless meter reading technology.	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed business trust limited partnership, to be formed Limited	Hease specify): MAR 02 2004 Liability Company
Month Year Actual or Estimated Date of Incorporation or Organization:	nated FINANCIAL

GENERAL INSTRUCTIONS

Rederai:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Manager Check Box(es) that Apply: Promoter Director Full Name (Last name first, if individual) Sanderford, H. Britton, Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 7331 General Haig Street, New Orleans, LA 70124 Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) 225 Telecom, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 1085 Gulf Breeze Parkway, Gulf Breeze, FL 32561 Executive Officer Promoter XX Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Davis, Robert J. Business or Residence Address (Number and Street, City, State, Zip Code) 21 West Woodlawn Drive, Destrehan, LA 70047 Promoter XX Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Reed, Marc L. Business or Residence Address (Number and Street, City, State, Zip Code) 903 Beau Chene, Mandeville, LA 70471 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Kalozdi, Jeno and Monica Business or Residence Address (Number and Street, City, State, Zip Code) 5438 Dayna Court, New Orleans, LA 70124 General and/or Managing Partner Full Name (Last name first, if individual) Odlan Holdings, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 400 Hammond Hwy., #2D, Metairie, LA 70005 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) LVC AMDS Investment, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 111 Veterans Blvd., Suite 1020, Metairie, LA 70006 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: Executive Officer Director Promoter Manager Full Name (Last name first, if individual) Monroe, James, III Business or Residence Address (Number and Street, City, State, Zip Code) 644 Governor Nichols Street, New Orleans, LA 70116 Beneficial Owner Executive Officer Promoter Director Manager Full Name (Last name first, if individual) Rees, Rick Business or Residence Address (Number and Street, City, State, Zip Code) c/o LongueVue CApital, LLC, 111 Veterans Blvd., Suite 1020, Metairie, LA 70006 Executive Officer Check Box(es) that Apply: Beneficial Owner Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneticial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					, B. II	NFORMAT	ION ABOU	T OFFERU	NG			7,7	
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						*************	Yes	No [X]				
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is	the minim	um investm	ent that w	rill be acce	pted from a	ıny individ	ual?			•••••	\$ <u>1,5</u>	000,000
3.	Does th	e offering :	oermit joint	ovnerchi	n of a sing	le unit?						Yes	No
4.													×
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a star or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.							he offering. with a state						
Ful		Last name	first, if indi	vidual)									•
Bus	N/A siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	ip Code)						
Nai	me of Ass	ociated Br	oker or Dea	aler									
Sta			Listed Has							·			
	(Check	"All States	" or check	individual	States)		***************************************					All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	[IA] [NV]	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (l	ast name	first, if indi	vidual)		·····				······································			
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)		····	·	<u></u>		
	Business or Residence Address (Number and Street, City, State, Zip Code)												
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH) TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	l Name (I	ast name	first, if indi	vidual)									

Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							☐ Al	l States					
	AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N]	IA (NIV)	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH [TN]	NJ TX	NM UT	NÝ VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I	already exchanged. The issuer has sold 150,000 Class D Units to LVC AMDS Investment, LLC ("LVC") at \$10 per unit and has agreed to sell an additional Type of Security 75,000 units to LVC at any time prior to June 1, 2004.		gregate ring Price		Amo	ount Already Sold
	Debt	\$	0	_	\$	0
	Equity	\$	00	_	\$	0
	Common Preferred					
	Convertible Securities (including warrants)	\$	0	_	\$	0
	Partnership Interests	\$	0		\$	0
	Other (Specify Limited Liability Company Units	\$ <u>2</u> ,	250,000		\$1	,500,000
	Total	ş 2,	250,000	_	s 1	,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.					-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Nı In	umber vestors		Do of	Aggregate llar Amount Purchases
	Accredited Investors		1		\$_1	,500,000
	Non-accredited Investors		0	_	\$	0
	Total (for filings under Rule 504 only)		N/A	_	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		ype of curity		Do	llar Amount Sold
	Rule 505		N/A	_	\$	0
	Regulation A		N/A	_	\$	0
	Rule 504		N/A	_	\$	٥
	Total		N/A	_	\$	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is					
	not known, furnish an estimate and check the box to the left of the estimate.					^
	not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		[\$	0
			•	_	s s	0
	Transfer Agent's Fees		[
	Transfer Agent's Fees		····· [0
	Transfer Agent's Fees Printing and Engraving Costs Legal Pees		····· [\$ \$	0 35,000
	Transfer Agent's Fees Printing and Engraving Costs Legal Pees Accounting Fees		····· [\$ \$ \$	0 35,000 10,000
	Transfer Agent's Fees Printing and Engraving Costs Legal Pees Accounting Fees Engineering Fees		····· [\$ \$ \$ \$	0 35,000 10,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 2,167,500
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate] \$	🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment]\$	[]\$
	Construction or leasing of plant buildings and facilities] \$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ק \$	\[\] \$
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
		\$	🗆 \$
	Column Totals	\$0	<u> </u>
	Total Payments Listed (column totals added)	- نم	2,167,500
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish othe U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon wri	Rule 505, the following tten request of its staff,
ss	uer (Print or Type)	Date	
Ac	dvanced Metering Data Systems, L.L.C.	February 1	18, 2004
٧a	me of Signer (Print or Type)		
Η.	. Britton Sanderford, Jr. Chief Executive Officer, Manager		

- ATTENTION -